

STATE OF HAWAII — DEPARTMENT OF TAXATION
TRANSIENT ACCOMMODATIONS TAX
TIME SHARE OCCUPANCY
REGISTRATION FORM

This Space For Office Use Only

Hawaii Tax I.D. No.

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TYPE OR PRINT LEGIBLY

1. Type of application ☐ Original Application
☐ Amended Application List line number(s) being changed: _____
2. Time Share Plan Manager's Name
3. Doing business as (DBA) name
4. Mailing address C/O Street address or P.O. Box City State Postal/Zip Code + 4
5. Physical location of business Street address City State Postal/Zip Code + 4
6. If no physical business location in Hawaii, provide the name, address, and telephone number of the individual performing services in Hawaii
7. Type of ownership ☐ General Partnership ☐ Corporation ☐ LLC ☐ Other (Explain)
☐ Sole proprietorship ☐ Limited Partnership ☐ S Corporation ☐ Single-Member LLC
8. Phone Number Business Fax Residential E-mail address
() () ()
9. Plan Manager's Social Security Number 10. Federal Employer I.D. Number
11. List of owners, partners, principal corporate officers (Attach a separate sheet of paper if more space is required.)

Social Security Number	Name (Last, First, Middle Initial)	Title	Residential Address	Business/Residential Phone Number
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				()
				()

12. Parent Corporation's FEIN: 13. Parent Corporation's Hawaii Tax I.D. No.
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14. Date business began in Hawaii / /
15. Filing period: ☐ Monthly ☐ Quarterly ☐ Semiannually
Check monthly if you expect to pay more than \$4,000 a year of Transient Accommodations Tax reported for the occupancy of time shares and all time share plans within Hawaii;
Check quarterly if you expect to pay \$4,000 or less a year in Transient Accommodations Tax reported for the occupancy of time shares and all time share plans within Hawaii; or
Check semiannually if you expect to pay \$2,000 or less a year in Transient Accommodations Tax reported for the occupancy of time shares and all time share plans within Hawaii.
16. Accounting period, check only 1 ☐ Calendar Year (The 12-month period from January 1 to December 31.)
☐ Fiscal Year ending ____ / ____ (A 12-month period ending the last day of any month other than December.)
17. Registration Fee is \$15.00 for each resort time share vacation plan in Hawaii.
a. Enter number of resort time share plans in Hawaii that you represent. List the name, address, and the plan owner's Social Security Number (SSN) or Federal Employer I.D. Number (FEIN) of each plan on the back of this form..... 17a _____
b. **TOTAL AMOUNT DUE** (Multiply line 17a by \$15.00)
Pay in U.S. dollars drawn on any U. S. Bank to "HAWAII STATE TAX COLLECTOR" 17b \$

Continue on back of this page.

CERTIFICATION: The above statements are hereby certified to be correct to the best of knowledge and belief of the undersigned who is duly authorized to sign this application.

Signature of Owner, Partner or Member, Officer or Agent Print Name Title Date
This Space for Date Received Stamp Daytime Phone Number: ()

18. Resort time share vacation plan information. List each resort time share vacation plan represented by you.

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